

Brief Tobacco Cessation Treatment

The Five A's

ASK

Ask: “Do you use tobacco products?”

ADVISE

State: “Quitting smoking is the single most important thing you can do for your health.”
(*clear and strong*) “And you’ve given many good reasons to quit...your health, your family’s health, your budget, etc.” (*personalized*)

ASSESS

Ask: “Do you want to quit this month?”

ASSIST

Help the patient prepare for his/her quit date:

- pick a quit date that has some meaning, ideally two weeks ahead
- tell family, friends, coworkers, roommates, providers, etc.
- throw out all tobacco products, including ashtrays and lighters
- limit smoking to uncomfortable places (outside, etc.)
- stop smoking in favorite smoking spots, like the car or at the dining table

Initiate nicotine replacement therapy and/or bupropion:

- Consider prescribing gum for breakthrough cravings, along with the patch for nicotine withdrawal and Bupropion SR for withdrawal and iatrogenic or comorbid depression
- Consult medication handouts for contraindications and dosage recommendations

Provide basic information about the benefits of quitting:

- Patients can expect to save \$2000/year or more after quitting
- Patients can expect improved sleep, reduced anxiety, reduced depression, and improved sexual functioning after abstinence stabilization
- Patients can expect strengthened sobriety from other addictive substances (when sobriety from those substances is already established)
- Patients don’t have to worry about inadvertently promoting smoking to their children and grandchildren
- Patients will be protecting the health of their loved ones: over 50,000 non-smokers die every year from exposure to second-hand smoke. Second-hand smoke can also cause breathing problems (e.g., asthma) and heart disease in non-smokers. Plus, spouses, children, and other people exposed to second-hand smoke get colds, the flu, ear infections, and lung infections a lot more easily than people who aren’t around second-hand smoke.

- Blood pressure and body temperature returns to normal after 20 minutes
- Carbon monoxide and oxygen levels in the blood return to normal after 8 hours
- Chance of heart attack decreases after only 24 hours
- Nerve endings start to re-grow after 48 hours
- Ability to taste/smell start to return after 48 hours
- Bronchial tubes relax, making it easier to breathe after 72 hours
- Cilia re-grow in lungs, increasing ability to fight infection after 1-9 months
- Coughing, sinus infection, and shortness of breath decrease after 1-9 months
- Risk of coronary heart disease is half that of a smoker within 1 year
- Heart attack risk drops to near normal within 2 years
- Stroke risk is reduced after 5 years
- Lung cancer death rates for a former pack/day-smoker is cut in half after 5 years
- Risk of throat, mouth, and esophageal cancers is cut in half after 5 years
- Lung cancer death rate is similar to that of non-smokers within 10 years
- Pre-cancerous cells are replaced within 10 years
- Risk of coronary heart disease is the same as non-smokers within 15 years

Help patients identify and plan for triggers that will increase risk of relapse:

- internal events (e.g., moods, withdrawal symptoms, negative self-talk, etc.)
- activities (e.g., driving, having a cup of coffee, drinking alcohol, visiting with family, seeing other people smoke, etc.)
- places (e.g., favorite chair, convenience store where s/he usually buys smokes, coffee house, bar, etc.)

Help patients with basic problem-solving:

- discuss what helped and what hurt previous quit attempts
- avoid smoking triggers when possible, and anticipate them when unavoidable
- identify substitute behaviors to smoking such as using NRT, rubbing a smooth rock, eating a carrot, exercise, etc.
- identify cognitive coping strategies, such as reviewing reasons for quitting
- identify behavioral coping strategies such as waiting 3 minutes before giving into a craving (which is enough time for cravings to pass), walking, listening to soothing music, etc.

Provide encouragement and set-up outside support:

- communicate your belief that patients can quit: research shows that quitting is possible for all populations, including older people and people with chronic mental disorders. In fact, more people have quit than are still smoking and over 80% of all Americans are smoke-free.
- remind patients that you will support them throughout the quitting process
- recommend quitnet.com, nicotine-anonymous.org, and 1-800-QUIT-NOW
- recommend patients identify at least one non-smoker to whom they can talk
- recommend patients only visit smoke-free establishments in order to surround themselves with non-smokers

ARRANGE

Schedule your first follow-up session one week after the quit date.

- Additional contacts should be scheduled as indicated.
- Restart the process if the patient relapses.